

WORK SHEET FOR SETTLEMENTS: INJURY CASE

K-WC 12 (Rev. 6-12)

Docket No. _____ Heard by _____

Claimant _____ Social Security number _____

Respondent _____

Insurance Carrier _____

Date of hearing _____ Place of hearing _____

Appearances:

Claimant appeared by _____

Respondent (and insurance company) appeared by _____

Workers' Compensation Fund appeared by _____

Date of accident _____ Place of accident _____

Average weekly wage \$ _____ Compensation paid \$ _____

Medical evidence to be admitted _____

Medical and hospital expenses _____

Basis of Settlement:

(1) Compromise

\$ _____ on a strict compromise of the following issues:

(2) Scheduled Injuries

\$ _____ for amputation of _____, or _____%
(scheduled member)

permanent partial loss of use of _____ (as per medical report).
(scheduled member)

(3) General Bodily Disability

\$ _____ for _____% permanent partial general bodily disability (as per medical report).